PTO/SB/07 (08-03)
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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

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(For use with Form PTO/SB/06)

Application Number: 10/680,576
Filing Date:
Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED - 9/6/05		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
36	1					
37	1					
38	1					
39		3				
40		3				
41		3				
42		3				
43		3				
44		3				
45		3				
46		3				
47		3				
48		3				
49		3				
50		3				
Total Indep	3					
Total Depend	36					
Total Claims	39					

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	Indep	Depend	Indep	Depend	Indep	Depend
51		3				
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100						
Total Indep	0					
Total Depend	3					
Total Claims	3					

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